

NEVADA STATE BOARD OF MEDICAL EXAMINERS

FEES FOR SPECIAL MEDICAL LICENSURE

BETWEEN JULY 1, 2005 AND JUNE 30, 2007

NOTE: APPLICATIONS WILL NOT BE PROCESSED WITHOUT RECEIPT OF BOTH THE APPLICATION AND REGISTRATION FEES IN THE FORM OF EITHER A CASHIER'S CHECK OR MONEY ORDER ONLY. **ONLY original applications for licensure sent from The Nevada State Board of Medical Examiners or downloaded online applications will be accepted.** Any applications, which appear to have been altered in any form, will not be accepted. Applications must be received on single sided white bond paper, 8 1/2" x 11" in size, which are typed or printed legibly.

Application Fees are Non-Refundable (applies to all types of medical licensure)

Special Application Fee ----- \$475

**Applications not completed within six (6) months from date of receipt will be rejected per NAC 630.180 (3).
The application fee will not be refunded.**

Per Nevada Revised Statute 630.175, "an applicant for a license or a licensee shall report to the board within 30 days any fact which would render any statement to the board by the applicant or licensee false, misleading, inaccurate or incomplete".

Per Nevada Revised Statute 630.161, "The board shall not issue a license to practice medicine to an applicant who has been licensed to practice any type of medicine in another jurisdiction and whose license was revoked for gross medical negligence by that jurisdiction".

The board's staff conducts an investigation into your background during the application process. If staff becomes aware of circumstances warranting a personal appearance at a board meeting prior to acceptance of your application for licensure, your application must be completed 45 days prior to any regularly scheduled board meeting in order for your appearance to be scheduled for that meeting for consideration of acceptance of your application. Under Nevada law, a public body cannot hold a meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of any person unless it has given written notice to that person of the time and place of the meeting. The written notice must be sent by certified mail to the last known address of that person at least 21 working days before the meeting. A public body must receive proof of service of the notice before such a meeting may be held.**

- ** You may be required to personally appear before the board for acceptance of your application for licensure if you have in any way ever been involved in any malpractice awards, judgments, or settlements in any amount.**
- ** You may be required to personally appear before the board for acceptance of your application for licensure if you have answered in the affirmative ("Yes") to questions 8, 9, 10, 11, 12, 23, 24, 25, 26, 27, 28.**

If, at the time you meet with the board, the board votes to not accept your application for Special Medical licensure, this non-acceptance of your application becomes a reportable action to the Healthcare Integrity and Protection Data Bank, Federation of State Medical Boards of the United States, Inc. and American Medical Association, among other entities.

APPLICATION CHECKLIST

Revised 1/4/06

TO BE RETURNED DIRECTLY TO BOARD OFFICE BY APPLICANT:

- _____ a. Properly completed, signed and notarized application, pages 1 – 3;
- _____ b. Recent photo (at least 2”x 2”) attached to application, signed in ink on lower edge of photograph;
- _____ c. U.S. born citizens – photocopy of a certified copy of Birth Certificate that bears an original seal of the issuing agency;
- _____ d. Foreign-born citizens – photocopy of Original Certificate of Naturalization or current U.S. Passport;
- _____ e. Non U.S. citizens - Copy of both sides of Alien Registration card or Employment Authorization card or Visa;
- _____ f. Appropriate explanations and copies of all pertinent documentation must be attached for affirmative responses to questions numbered 8, 9, 10, 11, 12, 23, 24, 25, 26, 27, 28.

(Examples: If you have ever been a defendant in a legal action involving professional liability (malpractice), whether or not you have ever had a settlement paid on your behalf, you should answer affirmatively to the appropriate question and submit the appropriate documentation.

If you have ever had any actions, restrictions or limitation or imposed on you, or have been placed on probation while participating in any type of training program, you should answer affirmatively to the appropriate question and submit the appropriate documentation.

If you have ever been notified that you were under investigation by any medical licensing board, hospital, medical society, governmental entity or other agency, whether or not you were charged with or convicted of any violation of a statute, rule or regulation governing your practice as a physician, you should answer affirmatively to the appropriate question and submit the appropriate documentation.)

- _____ g. Release form, signed and notarized (Form A);
- _____ h. Patient Release, signed and notarized (Form B);
- _____ i. Proper application fees - payable by cashier's check or money order only. (Please note, application fees are not refundable);
- _____ j. Copy of board certification

APPLICATION CHECKLIST

TO BE SOLICITED BY APPLICANT FOR DIRECT RETURN BY THE VERIFYING INSTITUTION TO BOARD OFFICE:

(Verifying agencies may charge a fee)

- _____ a. Verification letter from the licensed physician in the state of Nevada who is requesting the training/assistance
- _____ b. Hospital verification (Form 1) to be completed by appropriate entity and returned directly by the verifying institution to the Board office.
- _____ c. License verification (Form 2) from the state where applicant is currently licensed and practicing medicine in.
- _____ d. FBI Criminal history background report – returned directly by the verifying institution to the Board office.

THE FOLLOWING CONSTITUTE GROUNDS FOR DENIAL OF LICENSURE, AS SET OUT IN NRS 630.301 THROUGH NRS 630.3065:

NRS 630.301 Criminal offenses; revocation, suspension or other modification of previous license; surrender of previous license while under investigation; malpractice; engaging in sexual activity with patient; disruptive behavior; violating or exploiting trust of patient for financial or personal gain; failure to offer appropriate care with intent to positively influence financial well-being; engaging in disreputable conduct; engaging in sexual contact with surrogate of patient or relatives of patient. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Conviction of a felony relating to the practice of medicine or the ability to practice medicine. A plea of nolo contendere is a conviction for the purposes of this subsection.
2. Conviction of violating any of the provisions of [NRS 616D.200](#), [616D.220](#), [616D.240](#), [616D.300](#), [616D.310](#), or [616D.350](#) to [616D.440](#), inclusive.
3. The revocation, suspension, modification or limitation of the license to practice any type of medicine by any other jurisdiction or the surrender of the license or discontinuing the practice of medicine while under investigation by any licensing authority, a medical facility, a branch of the Armed Services of the United States, an insurance company, an agency of the Federal Government or an employer.
4. Malpractice, which may be evidenced by claims settled against a practitioner, but only if such malpractice is established by a preponderance of the evidence.
5. The engaging by a practitioner in any sexual activity with a patient who is currently being treated by the practitioner.
6. Disruptive behavior with physicians, hospital personnel, patients, members of the families of patients or any other persons if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient.
7. The engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain.
8. The failure to offer appropriate procedures or studies, to protest inappropriate denials by organizations for managed care, to provide necessary services or to refer a patient to an appropriate provider, when such a failure occurs with the intent of positively influencing the financial well-being of the practitioner or an insurer.
9. The engaging in conduct that brings the medical profession into disrepute, including, without limitation, conduct that violates any provision of a national code of ethics adopted by the Board by regulation.
10. The engaging in sexual contact with the surrogate of a patient or other key persons related to a patient, including, without limitation, a spouse, parent or legal guardian, which exploits the relationship between the physician and the patient in a sexual manner.

(Added to NRS by 1977, 824; A 1981, 590; 1983, 305; 1985, 2236; 1987, 197; 1991, 1070; 1993, 782; 1997, 684; 2001, [766](#); 2003, [2707](#), [3433](#); 2003, 20th Special Session, [264](#), [265](#))

NRS 630.304 Misrepresentation in obtaining or reviewing license; false advertising; practicing under another name; signing blank prescription forms; influencing patient to engage in sexual activity; discouraging second opinion; terminating care without adequate notice. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement.
 2. Advertising the practice of medicine in a false, deceptive or misleading manner.
 3. Practicing or attempting to practice medicine under another name.
 4. Signing a blank prescription form.
 5. Influencing a patient in order to engage in sexual activity with the patient or with others.
 6. Attempting directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or to discourage the use of a second opinion.
 7. Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient.
- (Added to NRS by 1983, 301; A 1985, 2236; 1987, 198)

NRS 630.305 Accepting compensation to influence evaluation or treatment; inappropriate division of fees; inappropriate referral to health facility, laboratory or commercial establishment; charging for services not rendered; aiding practice by unlicensed person; delegating responsibility to unqualified person; failing to disclose conflict of interest; failing to initiate performance of community service; exception.

1. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:
 - (a) Directly or indirectly receiving from any person, corporation or other business organization any fee, commission, rebate or other form of compensation which is intended or tends to influence the physician's objective evaluation or treatment of a patient.
 - (b) Dividing a fee between licensees except where the patient is informed of the division of fees and the division of fees is made in proportion to the services personally performed and the responsibility assumed by each licensee.
 - (c) Referring, in violation of [NRS 439B.425](#), a patient to a health facility, medical laboratory or commercial establishment in which the licensee has a financial interest.
 - (d) Charging for visits to the physician's office which did not occur or for services which were not rendered or documented in the records of the patient.
 - (e) Aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of this chapter or the regulations of the Board.
 - (f) Delegating responsibility for the care of a patient to a person if the licensee knows, or has reason to know, that the person is not qualified to undertake that responsibility.
 - (g) Failing to disclose to a patient any financial or other conflict of interest.
 - (h) Failing to initiate the performance of community service within 1 year after the date the community service is required to begin, if the community service was imposed as a requirement of the licensee's receiving loans or scholarships from the Federal Government or a state or local government for his medical education.
2. Nothing in this section prohibits a physician from forming an association or other business relationship with an optometrist pursuant to the provisions of [NRS 636.373](#).

(Added to NRS by 1983, 301; A 1985, 2237; 1987, 198; 1989, 1114; 1991, 2437; 1993, 2302, 2596; 1995, 714, 2562)

Cont.

NRS 630.306 Inability to practice medicine; deceptive conduct; violation of statute or regulation governing practice of medicine; unlawful distribution of controlled substance; injection of silicone; practice beyond scope of license; practicing experimental medicine without consent of patient; lack of skill or diligence; filing of false report; habitual intoxication; failure to report modification of license in another jurisdiction. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Inability to practice medicine with reasonable skill and safety because of illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other substance.
 2. Engaging in any conduct:
 - (a) Which is intended to deceive;
 - (b) Which the Board has determined is a violation of the standards of practice established by regulation of the Board; or
 - (c) Which is in violation of a regulation adopted by the State Board of Pharmacy.
 3. Administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in [chapter 454 of NRS](#), to or for himself or to others except as authorized by law.
 4. Performing, assisting or advising the injection of any substance containing liquid silicone into the human body, except for the use of silicone oil to repair a retinal detachment.
 5. Practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he is not competent to perform.
 6. Performing, without first obtaining the informed consent of the patient or his family, any procedure or prescribing any therapy which by the current standards of the practice of medicine are experimental.
 7. Continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field.
 8. Making or filing a report which the licensee or applicant knows to be false or failing to file a record or report as required by law or regulation.
 9. Failing to comply with the requirements of [NRS 630.254](#).
 10. Habitual intoxication from alcohol or dependency on controlled substances.
 11. Failure by a licensee or applicant to report, within 30 days, the revocation, suspension or surrender of his license to practice medicine in another jurisdiction.
 12. Failure to be found competent to practice medicine as a result of an examination to determine medical competency pursuant to [NRS 630.318](#).
- (Added to NRS by 1983, 302; A 1985, 2238; 1987, 199, 800, 1554, 1575)

NRS 630.3062 Failure to maintain proper medical records; altering medical records; making false report; failure to file or obstructing required report; failure to allow inspection and copying of medical records; failure to report other person in violation of chapter or regulations. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.
 2. Altering medical records of a patient.
 3. Making or filing a report which the licensee knows to be false, failing to file a record or report as required by law or willfully obstructing or inducing another to obstruct such filing.
 4. Failure to make the medical records of a patient available for inspection and copying as provided in [NRS 629.061](#).
 5. Failure to comply with the requirements of [NRS 630.3068](#).
 6. Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter or the regulations of the Board.
- (Added to NRS by 1985, 2223; A 1987, 199; 2001, [767](#); 2002 Special Session, [19](#); 2003, [3433](#))

NRS 630.3065 Willful disclosure of privileged communication; willful failure to comply with statute or regulation governing practice of medicine. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Willful disclosure of a communication privileged pursuant to a statute or court order.
 2. Willful failure to comply with:
 - (a) A regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician;
 - (b) A court order relating to this chapter; or
 - (c) A provision of this chapter.
 3. Willful failure to perform a statutory or other legal obligation imposed upon a licensed physician, including a violation of the provisions of [NRS 439B.410](#).
- (Added to NRS by 1983, 302; A 1985, 2238; 1987, 200; 1989, 1663; 1993, 2302)

PHYSICIAN
APPLICATION FOR SPECIAL LICENSURE
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Date Received by Board

License No. _____

File No. _____

Post Office Box 7238 Reno, Nevada 89510 Phone (775) 688-2559

(For Board Use Only)

1. Present Legal Name _____
Last First Middle Maiden

List any other name(s) ever used _____

2. Mailing Address _____
Street City County State Zip

3. Home Address _____
Street City County State Zip

4. Telephone Number (____) _____ (____) _____ Fax Number (____) _____
Office Home

5. Date of Birth _____ Place of Birth _____
(City, State, Country)

6. Citizenship: U.S. Citizen _____ Alien Registration # _____ Employment Authorization # _____

Submit a certified copy of birth certificate or original Certificate of Naturalization or current U.S. passport or copy of the front and back of your alien registration card, Employment Authorization or Visa. Please note: Copy of document authorizing a name change (marriage license, divorce decree, etc) must be included.

7. Social Security Number _____ Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

NRS 630.165(3) An application submitted pursuant to subsection 1 or 2 must include the social security number of the applicant;

NRS 630.165(5) The applicant bears the burden of proving and documenting his qualifications for licensure.

For the purposes of the following questions, these phrases or words have these meanings:

"Ability to practice medicine" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments;
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physician examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, vision, speech, hearing, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, emotional or mental illness, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction.

**FOR ALL "YES" RESPONSES TO THE FOLLOWING QUESTIONS, YOU MUST SUBMIT
YOUR WRITTEN EXPLANATION(S) ON A SEPARATE SHEET ATTACHED TO
YOUR COMPLETED APPLICATION FOR LICENSURE FORM.**

8. Do you have a medical condition, which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? _____ Yes _____ No

9. If you have a medical condition which in any way impairs or limits your ability to practice medicine, is that impairment or limitation reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? _____ Yes _____ No _____ N/A

10. If you use chemical substances, does your use in any way impair or limit your ability to practice medicine with reasonable skill and safety? _____ Yes _____ No _____ N/A

11. Have you failed to initiate the performance of public service within one year after the date the public service is required to begin to satisfy a requirement of your receiving a loan or scholarship from the federal government or a state or local government for your medical education? _____ Yes _____ No _____ N/A

12. Have you previously applied for medical licensure in Nevada (including a residency program)? _____ Yes _____ No

13. List names and addresses of all medical schools attended.

| Name (Mo./Yr.) | City/State | Place Where Instruction Received | Dates of Attendance From (Mo./Yr.) To |
|-------------------|------------|-------------------------------------|--|
|-------------------|------------|-------------------------------------|--|

(All information must begin on the application, if more space is needed, please attach separate sheet.)

14. Doctor of Medicine Degree granted by:

| Medical School Name | City/State | Exact Date of Issuance |
|---------------------|------------|------------------------|
|---------------------|------------|------------------------|

15. Have you ever been investigated or have any actions, restrictions, limitations, probations or disciplinary actions ever been imposed on you while participating in any type of training program?

(If "Yes," attach explanation on separate sheet.)

____ Yes ____ No

16. If you graduated from a medical school located outside the United States of America or Canada, list your ECFMG#: _____

17. State your scope of practice specialty(ies): _____

18. List any and all certifications and re-certifications by a board or sub-board recognized by the **AMERICAN BOARD OF MEDICAL SPECIALTIES.**

| Specialty Board | Certification # | Dates of Certification/Recertification (Mo/Yr) |
|-----------------|-----------------|--|
|-----------------|-----------------|--|

19. Last name of the patient you will be performing the surgical procedure on:

20. List below the name of the Nevada hospital in which you **are to perform the one time procedure.**

| Hospital | Complete Mailing Address | Date of Procedure (Month / Day / Year) |
|----------|--------------------------|---|
|----------|--------------------------|---|

21. List the name of the Nevada licensed physician in which you will be training/assisting during the one time procedure:

22. List the state in which you currently reside and hold medical licensure in:

| State/Territory Country | License # | <u>Exact</u> Date of Issuance | Dates of Practice From (Mo./Yr.) To (Mo./Yr.) |
|----------------------------|-----------|-------------------------------|--|
|----------------------------|-----------|-------------------------------|--|

23. Have you ever been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory? (If "Yes," attach explanation on separate sheet .) ____ Yes ____ No

24. Have you ever had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory? (If "Yes," attach explanation on separate sheet.) ____ Yes ____ No

25. Have you ever voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory? (If "Yes," attach explanation on separate sheet .) ____ Yes ____ No

26. Have you ever been denied membership or expelled from a medical society or other professional medical organization? (If "Yes," attach explanation on separate sheet .) ____ Yes ____ No

27. Have you ever been: a) notified that you were under investigation for; b) investigated for; c) charged with; or d) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or other agency other than the Nevada State Board of Medical Examiners?

(If "Yes," attach explanation on separate sheet .) _____ Yes _____ No

28. Have you ever surrendered your state or federal controlled substance registration or had it revoked or restricted in any way? _____ Yes _____ No
(If "Yes," attach explanation on separate sheet.)

CHILD SUPPORT STATEMENT

The law of the state of Nevada requires that all applicants for issuance of a license be required to provide the following information concerning the support of a child. You are advised that this questions is part of your application, your response is given under oath, and any response hereto which is false, fraudulent, misleading, inaccurate or incomplete, may result in your application being denied. You must mark one of the following responses, and failure to mark one of the responses may result in denial of your application.

Please place a check mark next to one of the following statements:

_____ (a) I am not subject to a court order for the support of a child;

_____ (b) I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; **OR**

_____ (c) I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I, _____ being duly sworn, depose and say:
That the answers to the foregoing questions and statements made in the above application as well as any and all further explanations contained on any separate attached pages are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied.

(signature of applicant)

(date)

(NOTARY SEAL)

State of _____ County of _____

Subscribed and sworn to before me this _____ day of
_____, 2_____.

By: _____

Notary Public for the State of _____

My Commission Expires: _____

Residing at: _____

Signature of Notary: _____

FORM A

RELEASE

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present) business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Nevada State Board of Medical Examiners any information, files or records required by the Nevada State Board of Medical Examiners for its evaluation of my professional, ethical and physical and mental qualifications for licensure in the state of Nevada.

DATED this _____ day of _____, 2____.

Signature: _____

Typed or Printed Name: _____

(NOTARY SEAL)

State of _____ County of _____

Subscribed and sworn to before me this

_____ day of _____, 2____.

By: _____

Notary Public for State of: _____

My Commission Expires: _____

Residing at: _____
City State

Signature of Notary

A photocopy of this form will serve as an original.

Please return completed form to:

Nevada State Board of Medical Examiners

PO Box 7238

Reno, NV 89510

or

1105 Terminal Way #301

Reno, NV 89502

NEVADA STATE BOARD OF MEDICAL EXAMINERS VERIFICATION OF HOSPITAL PRIVILEGES FOR A SPECIAL LICENSE

Hospital: _____
Attn: Medical Staff Office
Address: _____

Name: _____
DOB: _____
Specialty: _____
Procedure Date: _____

The above named physician submitted an application to obtain a Special Medical license in Nevada. The applicant has indicated that he/she has been granted a one time operative procedure privilege at your hospital. In order that the processing of the application may be completed, we ask that you provide us with the information requested below.

1. What privileges will be extended to the special license applicant? _____

2. Name of the licensed **Nevada** physician who is receiving the assistance / training during the one time procedure: _____

3. Date of hospital privilege / procedure: _____

4. Last name of Patient to receive procedure: _____

5. Type of procedure: _____

Signature: _____
Hospital Chief-of-Staff or Administrator

Typed Name, Title and Date

Please return completed form to:

Nevada State Board of Medical Examiners
P.O. Box 7238, Reno, NV 89510 (Mailing Address)
1105 Terminal Way, Suite 301
Reno, NV 89502 (Physical Address)
Phone: (775) 688-2559

RELEASE

I hereby authorize the above named institution to release any information, files, or records required by the Nevada State Board of Medical Examiners for licensure in the State of Nevada.

Medical Doctor (applicant) signature and date

Subscribed and sworn to before me this ____ day of _____, 200__.

By: _____

Notary Public for State of: _____

My Commission Expires: _____

Signature and Seal of Notary Public

Applicant: State where licensure is held must complete this form.

FORM 2

NEVADA STATE BOARD OF MEDICAL EXAMINERS VERIFICATION OF STATE LICENSURE

PART 1 – TO BE COMPLETED BY APPLICANT

Printed Name of Applicant: _____

Address: _____
(street) (apt. or suite #) (city) (state) (zip)

Date of Birth: _____
(month) (day) (year)

I am in the process of applying for medical licensure in the state of Nevada. I hereby authorize release of the following information directly to the Nevada State Board of Medical Examiners at the above address.

(signature of applicant)

PART 2 – TO BE COMPLETED BY LICENSING AGENCY

I certify that _____ who
(name of applicant)

graduated from _____
(name and location of Medical School)

on _____ was granted license number _____ by the state of _____
(date of graduation)

on _____ on the basis of _____
(date of issuance) (examination: NB / FLEX / USMLE / LMCC / State Licensing examination)

I certify that the above license is:

- _____ current, in good standing
- _____ not current, due to non-payment of fees
- _____ subject to pending disciplinary charges
- _____ subject to restriction of licensure or practice
- _____ other (please attach explanation)

NOTE: If any portion of this form is deleted or modified, please attach an explanation.

(signature of certifying individual)

(title of certifying individual)

(licensing agency name)

Completed form is to be returned by the verifying institution directly to:

Nevada State Board of Medical Examiners
PO Box 7238 OR 1105 Terminal Way, Ste 301
Reno, NV 89510 Reno, NV 89502
(775) 688 – 2559

PATIENT RELEASE

I, _____ do hereby
(Patient Name)

authorize Dr. _____, who is not
licensed for Unrestricted medical practice in the State
of Nevada to perform the following
procedure _____.

I have been informed by my physician that
Dr. _____, may be receiving training and
may not be fully qualified to perform the procedure.

(NOTARY SEAL)

State of _____ County of _____

Subscribed and sworn to before me this
_____ day of _____, 2_____.

By: _____

Notary Public for State of: _____

My Commission Expires: _____

Residing at: _____
City State

Signature of Notary